

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

 State File No. **35213**  
**4579**

|   |                                  |   |  |  |  |  |   |
|---|----------------------------------|---|--|--|--|--|---|
| BIRTH NO. _____   |                                  | REG. DIST. NO. <u>149</u>   |  | PRIMARY REG. DIST. NO. <u>1002</u>   |  | Registrar's No. <u>4579</u>  |   |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>   |                                  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> |  |  |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>Kansas City</u>  |                                  | c. LENGTH OF STAY (in this place)<br><u>12 yrs.</u>   |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><u>Kansas City</u>   |  |  |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hazelwood Nursing Home</u>   |                                  |   |  | d. STREET ADDRESS (If rural, give location)<br><u>3534 Woodland Avenue</u>   |  |  |   |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Charley</u>  |                                  | b. (Middle) <u>Lee</u>  |  | c. (Last) <u>SLIGER</u>  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>Oct. 18, 1952</u>                                    |   |
| 5. SEX<br><u>Male</u>   | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify)<br><u>Widowed</u>   |  | 8. DATE OF BIRTH<br><u>3-4-79</u>  |  | 9. AGE (In years last birthday)<br><u>73</u>   | 10. UNDER 1 YEAR<br>Months _____ Days _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Farmer</u>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY   |  | 11. BIRTHPLACE (City and State or Foreign Country)<br><u>DeKalb County, Missouri</u>   |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u>   |   |
| 13a. FATHER'S NAME<br><u>John H. Sliger</u>   |                                  | 13b. MOTHER'S MAIDEN NAME<br><u>Margaret A. Rogers</u>  |  | 14. NAME OF HUSBAND OR WIFE<br><u>Grace Dora Sliger</u>  |  |  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u>   |                                  | 16. SOCIAL SECURITY NO.<br><u>193-22-5837</u>   |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Mrs. Margaret Boehm, 3534 Woodland, KC, Mo.</u>  |  |  |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.                             |                                  | MEDICAL CERTIFICATION<br>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary artery sclerosis</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____<br><br>11. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>Primitious Anemia</u><br><u>Cerebral hemorrhage, old</u> |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>5 yrs.</u><br><br><u>4201</u><br><br><u>4 yrs. 8 yrs.</u> |   |
| 19a. DATE OF OPERATION  |                                  | 19b. MAJOR FINDINGS OF OPERATION  |  |  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>              |   |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)  |                                  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)  |  |  |   |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)   |                                  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  | 21f. HOW DID INJURY OCCUR?   |  |  |   |
| 22. I hereby certify that I attended the deceased from <u>July 11, 1949</u> , to <u>Oct 18, 1952</u> , that I last saw the deceased alive on <u>Oct 5, 1952</u> and that death occurred at <u>5:30 P.M.</u> , from the causes and on the date stated above. |                                  |   |  |  |  |  |   |
| 23a. SIGNATURE <u>Martin J. Mueller</u> (Degree or title) <u>M.D.</u>   |                                  |   |  | 23b. ADDRESS <u>934 Angueta Blvd.</u>  |  | 23c. DATE SIGNED <u>10-20-52</u>   |   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  |                                  | 24b. DATE <u>10-21-52</u>   |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Osborn</u>   |  | 24d. LOCATION (City, town, or county) (State)<br><u>Osborn, Missouri</u>                         |   |
| DATE REC'D BY LOCAL REG.<br><u>10-20-52</u>   |                                  | REGISTRAR'S SIGNATURE<br><u>Sheldine Smith</u>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>Melody-McGilley-Eylar, Kansas City, Mo.</u>   |  |  |   |

(Licensed Embalmer's Statement on Reverse Side)

Dr. Mueller!  
anybody!

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Glen E. Hark

Licensed Embalmer No. 4067

P. O. Address 4. C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.